MAPLE LANE HEALTH CARE CENTER - FDD

N4231 STATE HIGHWAY 22

SHAWANO 54166 Ownership: Phone: (715) 526-3158 County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: FDDs Operate in Conjunction with CBRF? Operate in Conjunction with Hospital? No Number of Beds Set Up and Staffed (12/31/02): Title 18 (Medicare) Certified? Total Licensed Bed Capacity (12/31/02): 24 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: Average Daily Census:

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %					
Home Health Care Supp. Home Care-Personal Care	No No	   Primary Diagnosis	ે	Age Groups	9	•	4.3 4.3
Supp. Home Care-Household Services	No			'			91.3
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	13.0		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	8.7		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	4.3	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	0.0	1		Nursing Staff per 100 Re	esidents
Home Delivered Meals	No	Fractures	0.0	1	100.0	(12/31/02)	
Other Meals	No	Cardiovascular	0.0	65 & Over	26.1		
Transportation	No	Cerebrovascular	0.0			RNs	10.8
Referral Service	No	Diabetes	0.0	Sex	8	LPNs	3.4
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	0.0	Male	47.8	Aides, & Orderlies	45.8
Mentally Ill	No			Female	52.2		
Provide Day Programming for			100.0				
Developmentally Disabled	Yes				100.0		

## Method of Reimbursement

		edicare			edicaid			Other		P	rivate Pay	<u> </u>		amily Care			anaged Care			
Level of Care	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	oļo	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				23	100.0	151	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	23	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		23	100.0		0	0.0		0	0.0		0	0.0		0	0.0		23	100.0

MAPLE LANE HEALTH CARE CENTER - FDD

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12,	/31/02
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	용	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		73.9	26.1	23
Other Nursing Homes	0.0	Dressing	43.5		34.8	21.7	23
Acute Care Hospitals	0.0	Transferring	52.2		34.8	13.0	23
Psych. HospMR/DD Facilities	0.0	Toilet Use	47.8		34.8	17.4	23
Rehabilitation Hospitals	0.0		78.3		8.7	13.0	23
Other Locations	100.0	* * * * * * * * * * * * * * * * * * *	*****		*****	*******	*****
Total Number of Admissions	1	Continence		%	Special Treatm	nents	9
Percent Discharges To:		Indwelling Or Externa	al Catheter	0.0	Receiving Re	spiratory Care	0.0
Private Home/No Home Health	0.0	Occ/Freq. Incontinent	t of Bladder	60.9	Receiving Tr	acheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	t of Bowel	26.1	Receiving Su	ctioning	4.3
Other Nursing Homes	0.0				Receiving Os	tomy Care	0.0
Acute Care Hospitals	0.0	Mobility			Receiving Tu	be Feeding	4.3
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	0.0	Receiving Me	chanically Altered Diets	65.2
Rehabilitation Hospitals	0.0						
Other Locations	100.0	Skin Care			Other Resident	Characteristics	
Deaths	0.0	With Pressure Sores		4.3	Have Advance	Directives	39.1
Total Number of Discharges		With Rashes		8.7	Medications		
(Including Deaths)	1				Receiving Ps	ychoactive Drugs	60.9

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

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	This Facility		DD ilities		All ilties	
	% 	% 	Ratio	% 	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	95.8	83.9	1.14	85.1	1.13	
Current Residents from In-County	65.2	38.2	1.71	76.6	0.85	
Admissions from In-County, Still Residing	0.0	18.5	0.00	20.3	0.00	
Admissions/Average Daily Census	4.3	20.3	0.21	133.4	0.03	
Discharges/Average Daily Census	4.3	23.6	0.18	135.3	0.03	
Discharges To Private Residence/Average Daily Census	0.0	9.8	0.00	56.6	0.00	
Residents Receiving Skilled Care	0.0	0.0	0.00	86.3	0.00	
Residents Aged 65 and Older	26.1	15.3	1.71	87.7	0.30	
Title 19 (Medicaid) Funded Residents	100.0	99.2	1.01	67.5	1.48	
Private Pay Funded Residents	0.0	0.6	0.00	21.0	0.00	
Developmentally Disabled Residents	100.0	99.5	1.00	7.1	14.08	
Mentally Ill Residents	0.0	0.4	0.00	33.3	0.00	
General Medical Service Residents	0.0	0.1	0.00	20.5	0.00	
Impaired ADL (Mean) *	37.4	54.0	0.69	49.3	0.76	
Psychological Problems	60.9	48.2	1.26	54.0	1.13	
Nursing Care Required (Mean) *	10.9	11.3	0.96	7.2	1.51	